

T-Ball (5 and 6 yr. -- 5yr. by 9/30/13)

(Families registering more than two children pay for only the two oldest players.

Additional children play at no charge.)

Please make checks payable to: BRC

Farm League (7 yr. by 4/30/14)

Circle One:

For Office Use Only
Paid____

Cash Check____

Date____

Registration Form

2014 Baseball and Softball

U8 Softball (7yrs. by 1/1/14)

U10 Softball (8yr. by 1/1/14)

Little League, 13 yr. prep and Babe Ruth players need to register through Exeter Junior Baseball and Exeter Babe Ruth Childs Name (Print)	AAA League (8 & 9 yr. by 4/30/14)	U12 Softball (12yr. or y	counger on 1/1/14)	
Little League, 13 yr. prep and Babe Ruth players need to register through Exeter Junior Baseball and Exeter Babe Ruth Age DOB M / Address Phone		U14 Softball (14yr. or	younger on 1/1/14)	
Address Phone Parents Name (Print) Cell Phone Email Address (please print clearly) Emergency Contact Relationship Emergency Phone Number(s) Doctor Doctor's Phone Medical Conditions andMedications Allergies: I,, individually as a parent or guardian of	Little League, 13 yr. prep and Babe Ruth players need t			Ruth
Address Phone				
Parents Name (Print)	Childs Name (Print)	Age _	DOB	M / F
Emergency Contact Relationship Emergency Phone Number(s) Doctor Doctor's Phone Medical Conditions andMedications Allergies: I, , individually as a parent or guardian of do hereby give my consent to his/her participation in activities of Brentwood Youth Sports and further release the Brentwood Recreation Department, The Brentwood Recreation Commission, the Town of Brentwood and their agents from all claims, demands of chance on account of any and all injuries to persons or property that may result by virtue of said minor's participation in said activity. To person herein described has permission to engage in all prescribed activities except as noted by me or my physician and so enclosed. I authorize an adult to consent to, in my absence, an X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the person herein, at a recognized medical facility under the general or special supervision of a licensed physician or surgeon. I agree that in case of accident, emergency medical care may be given by ambulance rescue squad, coaches or other trained personnel. Whoever is transporting my child to and from games will not be held responsible for any injury sustained while in transit. Parent/ Guardian Signature Date Volunteers Needed! Coach (certified? Yes/No) Asst. Coach Parent/ Sign-Up Fee: Baschall: T-Ball S30 Farm S40 AAA League S45				
Emergency Phone Number(s) Doctor Doctor's Phone Medical Conditions andMedications Allergies: I,	Parents Name (Print)	Cell Phone		
Emergency Phone Number(s) Doctor Doctor's Phone Medical Conditions andMedications Allergies: I,	u 1			
Doctor's Phone_ Medical Conditions andMedications_ Allergies: I,	Emergency Contact	R	Relationship	
Medical Conditions andMedications				
Allergies:				
I,	Medical Conditions and Medications			
do hereby give my consent to his/her participation in activities of Brentwood Youth Sports and further release the Brentwood Recreation Department, The Brentwood Recreation Commission, the Town of Brentwood and their agents from all claims, demands of chance on account of any and all injuries to persons or property that may result by virtue of said minor's participation in said activity. To person herein described has permission to engage in all prescribed activities except as noted by me or my physician and so enclosed. I authorize an adult to consent to, in my absence, an X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the person herein, at a recognized medical facility under the general or special supervision of a licensed physician or surgeon. I agree that in case of accident, emergency medical care may be given by ambulance rescue squad, coaches or other trained personnel. Whoever is transporting my child to and from games will not be held responsible for any injury sustained while in transit. **Parent/ Guardian Signature** Date** Volunteers Needed!* Coach	Allergies:			
Sign-Up Fee: Player Shirt Size (please circle) Player Shirt Size (please circle)	do hereby give my consent to his/her participation in activitic Recreation Department, The Brentwood Recreation Commiss of chance on account of any and all injuries to persons or proceed to person herein described has permission to engage in all proceed proceed. I authorize an adult to consent to, in my absence or treatment, and hospital care, to be rendered to the person supervision of a licensed physician or surgeon. I agree that in case of accident, emergency medical care may Whoever is transporting my child to and from games will not be a consent to the person supervision of a licensed physician or surgeon.	es of Brentwood Youth Sports a sion, the Town of Brentwood are sperty that may result by virtue of rescribed activities except as note, an X-Ray, examination, anestherein, at a recognized medical be given by ambulance rescue square be held responsible for any injuries.	nd further release the Br nd their agents from all c of said minor's participati ed by me or my physician netic, medical or surgical facility under the general uad, coaches or other tra ry sustained while in tran	entwood laims, demands on in said activities. In and diagnosis or special sined personnel.
Baseball: T-Ball \$30 Farm \$40 AAA League \$45	Volunteers Needed!	Coach(certifie	d? Yes / No) Asst.	Coach
Baseball: T-Rall \$30 Farm \$40 AAA League \$45	G		Player Shirt Size	(nlagga civala)
Baseball: T-Ball \$30 Farm \$40 AAA League \$45		A T	l layer Sillit Size	(pieuse circie)
Girls Softball: U8 \$50 U10/U12/U14 \$70		O	Youth S M I	٠

Deadline for sign-up is February 25nd

Adult S M L